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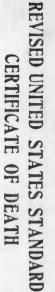
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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No ... Ilf death occurred in Ward) a hospital or Institution, give its NAME lostead of street and number. ? MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH MARRIED, Manzed 3 SEX S SINGLE, (Month) Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Day) 7 AGE If LESS than and that death occurred on the date stated above, at.... 1 dayhrs. The CAUSE OF DEATH * was as follows: OR min. ? BOCCUPATION (a) Frade, protession, or particular kind of work (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) ⁹ BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER 11 BIRTHPLACE ENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-AR 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country of death ____ yrs. mos. ds. State _____ yrs, ____ mos. ___ ds. Where was disease contracted, KNOWLEDGE If not at place of death?. Former or usual residence. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Housewife, Housework, or At Home, and children, not essary to know (a) the kind of work and also (b) Civil engineer, Stationary Areman, etc. But in many Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (b) If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: For persons

Statement of cause of death—Name, first, the DIBEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubereulosis of lungs, meninges, peritonaeum, etc.. Carcinotaeum,

ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of _ Bronchopneumonia (secondary), 10 ds. Never report ter" is less definite; avoid use of "Tumor" for malls. The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (disease causing "Dropsy," "Exhaustion," (name origin; "Candeath), 29 ds.; State cause for For VIO-



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

V. S. No. 1.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. N. B.

relace of DEATH County Charles Village or City Stayton (No. ,	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 102 St.; Ward) Briscoe/ Briscoe/ State of Maryland [If death occurred in a hospital or institution, give its MAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH Month (Day (Year) 17 HEREBY CERTIFY, That I attended deceased from
(Youth) (Day) , 1915	that I last saw h alive on, 191,
7 AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession, or particular, kind of work (b) General nature of industry business, or establishment in which employed (or employer)	Premative Buth Still-Born (Duration) yrs. mos. ds.
9 BIRTHPLACE (State or eountry) Maryland	contributory No physician Secondary attending of Ourston), yrs. mos. ods.
of FATHER William Briscoe 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME () 12 MAIDEN NAME () 13 MAIDEN NAME ()	(Signed (Address) (Address
12 MAIDEN NAME OF MOTHER Della Butter 13 BIRTHPLACE OF MOTHER (State or country) 13 MAIDEN NAME DELLA BUTTER 14 MAIDEN NAME DELLA BUTTER 15 MAIDEN NAME DELLA BUTTER 16 MAIDEN NAME DELLA BUTTER 17 MAIDEN NAME DELLA BUTTER 18 MAIDEN NAME DELLA BUTTER 18 MAIDEN NAME DELLA BUTTER 18 MAIDEN NAME DELLA BUTTER 19 MAIDEN NAME DELLA BUTTER 19 MAIDEN NAME DELLA BUTTER 10 MAIDEN NAME DELLA	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (informant)	of death yrs. mos. ds. Stats, yrs. mos. ds. Where was disease contracted, If not at place of death? Former or usual residence
(Address) Grayton, Md. 15 Filed 1-12- 1915 J. Maddox	Omory Chapel Church 1-12-, 191
de putty local REGISTRAR If more blanks are needed, address State Registrar,	16 W. Safatoga St., Balto., Requesting V. S. No. 1) M.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Furm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grovery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, first line will be sufficient, c. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, Locomotive engineer, If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Brouchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

and consequences (e. g., sepsis, containing the states under the head of "Containing". Reconstitutions on statement of cause (dec) opproved by Committee on Nomenclature of the function dedical Association. suicide. Struck by railway train-accident; Revolver SUICIDAL, or HOMICIDAL, or as probably such, if impossible state means of injury and qualify as accidental, surgical operation was undertaken. For violent deaths head—homicide; Poisoned by carbolic to determine definitely. Examples: Accidental drowning, "PUERFERAL perilonitis," etc. State cause for which birth or miscarriage as "Puenperal septichaemia," mus," "Old Age," "Shock," "Uracmia," "Weakness, "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Connephritis, etc. The contributory (secondary or intercurcause. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Meastes, Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from child-The nature of the injury, "Dropsy," "Exhaustion,

If this certificate is lookal over thousand must an questions answered in detail, it all pre-co) in the correspondence. All the data is essential which must be obtained before the certificate is permanently in a.

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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. lif death occurred in -Ward) a hospital or institution, give its NAME instead of street and number. I MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. 19L WIDDWED, DROIVDRCED (Write the word) (Month) (Year) (Day I HERERY GERTIFY. That I attended deceased from DATE OF BIRTH Month) (Day (Year) 7 AGE if LESS than and that death occurred on the date stated above. 1 day hrs. OR min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER 11 BIRTHPLACE PARENTS OF FATHER *State the DISEASE CAUSING DEATH, or the deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death _____ yrs. ____ mos. State _____ yrs._ ds. Where was disease contracted. 14 THE ABOVE IS TRUE if not at place of death?. Former or usual residence OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



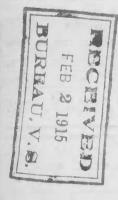
REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

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should be taken to report specifically the occupations duties of the household only (not paid Housekeepers who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-(a) Spinner, it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, If the occupation has

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 16 Ilt death occurred inWard) a hospital or Institution give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH 5 SINGLE, MARRIED. WIDOWED, (Month) (Dav (Write the word) (Year) 17 (Month) (Day TAGE it LESS than 1 day hrs. OR 7 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in (Duration) which employed (or amployer) -----9 BIRTHPLACE (State or country) Contributory. Secondary (Duration) 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE (State or country) *State the DISEASE CAUSING DEATH, or, the deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death State _____ yrs. ___ Where was disease contracted. if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 10

> REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

20 UNDERTAKER

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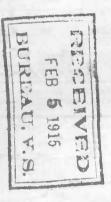
REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

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state CERT 4 121 PHYSICIANS should RECORD **2FULL NAME** PERSONAL AND STATISTICAL PARTICULARS MEDICA PERMANENT EXACTLY. 3 SEX S SINGLE, DATE OF DEATH 4 COLOR OR RAGE MARRIED, WIDOWED, (Write the word) I HERE DATE OF BIRTH classified. 4 that I last saw h. (Month) (Day (Year) S TAGE If LESS than and that death occurred t dayhrs. UNFADING INK-THIS The CAUSE OF DEATH AGE she mos..... ds. OR min. ? AGE BOCCUPATION (a) Trade, profession, or sician particular kind of work. supplied. (b) General nature of industry. business, or establishment in may which employed (or employer) that it ma Contributory 9 BIRTHPLACE (State or country) Secondary wal 10 NAME OF FATHER (Signed 0 0 WITH terms, n back PARENTS 11 BIRTHPLACE .., 191 .5. OF FATHER (State or country) should *State the DISEASE -CAUSES, state (1) MI PLAINLY, 12 MAIDEN NAME OF MOTHER TAL, SUICIDAL, OF HOM See Instructions information 18 LENGTH OF RESIDE OR RECENT RESIDENTS OF MOTHER (State or country) At place of death _____ yrs. ____ me DEATH WRITE Where was disease contracted 14 THE ABOVE IS TRUE If not at place of death? of Former or (Informant) F-0 usuai residence. important. CAUSE (19 PLACE OF BURIAL (Address). 15 20 UNDERTAKER Filed REGISTRA

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ture of the American Medicul Association.) eause of death approved by Committee on Nomencla-"Coutributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State eause for childbirth or misearriage as "Puerperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," nant neoplasms); Measles; Whooping cough; Chronic by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably etc., when a defiulte disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronie interstitial nephritis oma, Sarcoma, etc., of..... (name origin; "Can which surgical operation was undertaken. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measics (disease causing death), 29 ds.; "Senile," cte.), (Recommendations on statement of "Dropsy," "Exhaustion," For vio-



V. S. No. 1.

1 PLACE OF DEATH STATE OF MARYLAND Very CERTIFICATE OF DEATH should is Registration Dist. No. PHYSICIANS OF OCCUPATI If death occurred to St.:....Ward) RECORD a hospital or institution. give its NAME instead of street and nomber.] PERSONAL AND STATISTICAL PARTICULARS PERMANENT MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED WIDOWED, (Month) (Write the word) (Day (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH 1913 to_ that I last saw her alive on ... (Month) (Day (Year) TAGE abou It LESS than and that death occurred on the date stated above, at 1 dayhrs. CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or INK particular kind of work. (b) Deneral nature of Industry, UNFADING business, or establishment in (Duration) which employed (or employar) State or country) Contributory. Secondary 10 NAME OF FATHER 10 WITH back ARENTS 11 BIRTHPLACE termi OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-6 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain See Instructions OF MOTHER Information SLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) EATH of death _____ yrs. ____ mos. ___ ds. State _____ yrs. ___ mos. ___ Where was disease contracted. If not at place of death? ō ۵ Item OF usual residence. mportant. ы 19 PLACE OF BURIAL OR REMOVAL (Address)..... DATE OF BURIAL CAUSE 15 20 UNDERTAKER ADDRESS Filed REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations first line will be sufficient, c. g., Farmer or Planter, cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are eugaged in the the nature of the business or industry, and therefore an who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the disease gainfully employed, as At school or At home. Care who receive a defiuite saiary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional liuc is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using aiways the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

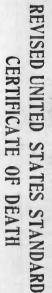
scpsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Coilapse," "Coma," "Convulsions," "Debliity" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuli, and cousequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: aceidental, suicidal, or homicidal, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. The contributory Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Seniic," ctc.), (secondary or intercurrent) "Dropsy," "Exhaustion,"



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

County County 543	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 10.3
Village of City Weepines (No. 1900)	St.; Ward) [If death occurred in a hospital or lostitution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
9 DATE OF BIRTH 4 COLOR OR RACE MARRIED, WIDOWED, OR OLVORED Write the work 1898	(Month) (Day) (Year) I HEREBY CERTIFY That I attended deseased from 1915, to 1915, to 1915.
7 AGE (Month) (Day) (Year) 1 day,hrs. ORmin.?	and that death occurred on the dete stated above, at
(a) Trade, profession, er particular kind of work	Ceule Poliomysliks (Duration) — yrs — mos. 6. ds.
9 BIRTHPLACE (State or country)	Contributory (Secondary (Deration) yrs mos ds.
OF TAME OF FATHER OF TAME OF FATHER OF FATHER OF FATHER OF FATHER OF MOTHER OF MOTHER OF MOTHER	(State the Dismass Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
OF MOTHER OF MOTHER OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos ds.
(Informant)	Where wes disease contracted, If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR BEMOVAL
16	Melopoal Questery Jall. 73, 1915
Filed	a. C. Welsh Bro. Ekapting



[Approved by U. S. Census and American Fublic Health Association.]

cases, especially in industrial employments, it is neccated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative leaithfulwho have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causino death—In all expection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc..

cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUBY and qualify as mia," "PUERPEBAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purrerral scoticharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras "Coliapse," "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Surcoma. etc., of ______ (name origin; "Can ver" is less definite; avoid use of "Tumor" for malig ture of the American Medicai Association.) "Contributory." sepsis, tetanus) may be stated under the head Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For viothenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneymonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report



V. S. No. 1.

N. B.-

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD A PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS

544 1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration Dist, No. 100
Village or City Pozzarkey (No	St; Ward) [If death occurred la a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fritale Color of RACE Single, MARRIED, Single WIDOWED, WIDOWED (Write the word)	16 DATE OF DEATH State Born, 191 (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
Month (Day (Year)	that I last saw h
TAGE Stell Borne If LESS than 1 day,hrs. yrs	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
business, or establishment in which employed (or employer) BIRTHPLACE (State or country.)	Contributory Secondary
10 NAME OF FATHER FIRED HAVES 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informan!) 15 And Harris	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos ds Where was disease contracted, If not at place of death? Former or usual residence.
(Address) romankey Ind	Pomorky Cem James 4, 191.8. 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. cated thus: been changed or given up on account of the disease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons If the occupation has As examples: "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal ferer (the only definite synonym is "Epidemic cerebrospinal meningitis"): Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"): Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Caninjury, as fracture of skull, and consequences (e. such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ccr" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viomia," "Puerperal peritonitis," childbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) "Contributory." by curbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Measles "Senile," etc.), (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," etc. State cause for "Exhaustion,"



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STATE OF MARYLAND RTIFICATE OF DEATH

Legi2	tration	DIST.	NO

It death occurred in a hospital or Institution, give its NAME Instead

ADDRESS

ot street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 5 SINGLE. 4 COLOR OR RACE MARRIED, WIDOWED, (Month) (Day (Year) ORDIVERCED (Write the word) I HEREBY CERTIFY, That I attended deceased from E OF BIRTH (Month) (Day (Year) TAGE It LESS than and that death occurred on the date stated above, at 1 dayhrs. OR min. ? BOCCUPATION (a) Trade, protession, or particular kind of work 4m (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) Contributory Secondary (State or country) 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE OFFATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-(State or country) 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL, OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death yrs, mos. Where was disease contracted. KNOWLEDGE It not at place of death?-Former or osual residence. 19 PLACE OF BURIAL OR REMOVAL (Address) DATE OF BURIAL 16

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER



REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care who have no occupation whatever, write None. eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the been changed or given up on account of the disease material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has As examples: "Foreman,"

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Instructions

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PERSONAL AND STATISTICAL PARTICULARS S SINGLE, SSEX 4 COLOR OR RACE MARRIED. WIDOWED, Willera (Write the word) 6 DATE OF BERTH not Rues (Month) (Yean) TAGE If LESS than of gay thrs. mos. BOCCUPATION (a) Trade, prefession, or Sparticular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER OF FATHER (State or country) PARENT 12 MAIDEN NAME OF MOTHER 13 BLRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE 15 REGISTRAR

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Reg stered No

(Ward)

fit death occurred in a hospital or institution. give its MAME instead of street and number.]

MEDICAL GERTIFICATE	OF DEATH
-18 DATE OF DEATH Julean (Month)	30 (Day) (Year)
Dec, 9th 1915, to face	liattended deceased from
that I last saw h an alive on free	But the second of the second o
and that death occurred on the date state. The CAUSE OF DEATH * was as tollows:	drabove, at/m,
Organie desere	of Shart
(Ouration)	
Contributory(Secondary)	
(Signed) (Quration) (Signed) (Address) Sep	eo M. O. autern, M. G.
*State the DISEASE CAUSING DEATH, or, CAUSES, state (1.) MEANS OF INJURY; an TAL, SUICIDAL, OF HOMOIDAL.	in deaths from Violent
16-LENGTH OF RESIDENCE FOR HOSPITALS	INSTITUTIONS, TRANSIENTS,
At place n the of death yrs	yrs, mos ds.
Where was disease contracted, If not at place of death?	
Former-or usual residence	
19 PLACE OF BURIAL OR REMOVAL	TELY 191 191 1
I ca IIIlds Chabel	1009 1 191
old Fields Chopel 20. UNDERTAKER CP. Herbert	ADDRESS Hughertille, Mil

If more blanks are needed, address State Registra

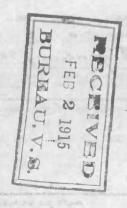
REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health
Association.]

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See instructions on back

Important.

RECORD

1 PLACE OF DEATH 3 6

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	Appendix.

STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration Dist. No./0/
Village or City Musburg (No	St.; Ward) St.; St.; St.; St.; St.; St.; St.; St.;
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male Color of RACE Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH Any (Month) (Day (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
(Month) (bay (Year)	that I last saw halive on,191
TAGE It LESS than 1 day,hrs. ORmin. ? Conversion or	-ild that death occurred on the date stated above, at
particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) Charles les Mo 12 Maiden NAME OF MOTHER OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) lekerles les mel	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or Recent Residents) At place 10 the of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted.
(Informant) Ses Hackson (Address) Markey Md	If not at place of death? Former or Usoal residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Jag 9 , 1915 Ta Suchherland REGISTRAR	marker Les Jadhan moder lack

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and ehildren, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen ehanged or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return (b) Cotton mill; (a) Salesman, (b) "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic LENT DEATHS state MEANS OF INJURY and qualify as mia," "l'uerperal peritonitie," etc. State eause for childbirth or miscarriage as "Puerperal septichaceause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes affection need not be stated unless important. oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-"Heart failure," "Hacmorrhage," "Inanition," "Maras-"Contributory." is less definite; avoid use of "Tumor" for malig-The contributory (seeondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of (disease causing death), 29 ds.; "Exhaustion,"



BINDING RESERVED FOR MARGIN

S. No. 1.

item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state E OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very lant. See instructions on back of certificate. RECORD PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS A CAUSE OF Important, S N. B.

obunty Charles,

Village or City Riverside, (No.



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 102

_St.;___Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and comber.]

*FULL NAME Robert Marby	give its NAME Instead of street and comber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Thitz Single, Married- ORDIVORCED (Write the word)	16 DATE OF DEATH Jaw 27 (Year)
ORDIVORCED ORDIVORCED	I hereby certify, That I attended deceased from Jau 27, 1915, to Jau, 27, 1915, that I jast saw head alive on Jauly and that death occurred on the date stated above, at 30 m. The CAUSE OF DEATH* was as follows: Juddenly Openhouse (Buration) yrs mos. ds. Contributory Secondary (Boration) yrs mos. ds. (Signed) Address) And Openhouse *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidentally or Homicidal. 18 Length of Residence (for Hospitals, Institutions, Transients, or Recent Residents) At place in the of death yrs, mos. ds. State yrs, mos. ds. Where was disease contracted, if not at place of death?
(Informant) Agres & Marbury (Address) Pinerside, Maryland - 15 Filed Land, 191 - 22 My Hampton RESISTRAR	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS ADDRESS
	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an who have no occupation whatever, write None. been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons eugaged in domestic service for wages, as mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional live is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first live will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—In any affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) 'Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is iddefinite): Tuberculcists of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERFERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerreral septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Deblity" ("Congulatal," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Mcasles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencladent; Revolver wound of head-homicide; Poisoned "Coutributory." (Recommendations on statement of ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably Bronchopncumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from



27	PLACE OF DEATH	STATE OF I
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	ounty QM assus	Registration
OCCUPATION	0.	Registration
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Vi Vi		
	FULL NAME Lassibist me	ındlı
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICA
3 5	SEX 4 COLOR OR RAGE 5 SINGLE,	16 DATE OF DEATH
	MARRIED, MINNES	(Month)
_	nale Calorio Ordivorced (Write the word)	17 I HEREBY CERTIFY, 1
6 [DATE OF BIRTH	191, to
	(Month) (Day (Year)	that I last saw h alive on
T	AGE If LESS than	and that death occurred on the date s
	1 day,hrs.	The CAUSE OF DEATH * was as follo
8	yrsds. ORmin. ?	Slangtelalins
(a) Trade, profession, or	for his of gray
	b) General nature of industry,	
bi	usiness, or establishment in	(Duration
-	hich employed (or employer)	Contributory
	(State or country)	Secondary
-	10 NAME OF	(Buratio
	FATHER	(Signed) Henry Western
S	11 BIRTHPLACE	Jan 26 , 1915 (Address) P
Z	OF FATHER (State or country)	*State the DISEASE CAUSING DEAT
ARENTS	12 MAIDEN NAME	*State the DISEASE CAUSING DEAT CAUSES, state (1) MEANS OF INJURTAL, SUICIDAL, OF HOMICIDAL.
PA	OF MOTHER Grace mudle	18 LENGTH OF RESIDENCE (FOR HOSE
	13 BIRTHPLACE OF MOTHER	OR RECENT RESIDENTS)
	(State or country) (offarles 6. hid	of death yrs mos ds.
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where wes disease contracted, If not et place of death?
	(Interment) Lessey Dologia	Former or
		19 PLACE OF BURIAL OR REMOVAL
_	(Address) Les J. Ch. 2nd	1 - 1 O
15	0 2- 500 9 10	20 UNDERTAKER
1	Mad View F7 404 74 //e / e edges for all	CHDENIARER
	Fled for 191 4 Landaus	1. 6.0 ,-

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 101

[If death occurred in .Ward) a hospital or institution, give its NAME instead

ot street and number.]

MEDICAL CERTIFI	CATE OF DEATH
16 DATE OF DEATH	antry 26 , 1915 (Year)
17 I HEREBY CERTIF	Y, That I attended deceased from
	, 191,
that I last saw h alive on	,191
and that death occurred on the da	te stated above, atm,
The CAUSE OF DEATH* was as f	I Si Ley The
	ration)yrsmos,ds.
Secondary	**************************************
(Du	ration) yrs mos ds.
(Signed) Henry Delozer	Thee ast corour.
	Perputa mes
*State the DISEASE CAUSING D CAUSES, state (1) MEANS OF IN TAL, SUICIDAL, OF HOMICIDAL.	EATH, or, in deaths from VIOLENT JURY; and (2) whether ACCIDEN-
18 LENGTH OF RESIDENCE (FOR HOR RECENT RESIDENTS) At place of death yrs mos ds. Where wes disease contracted, If not et place of death? Former or usual residence	In the State yrs, mos, ds
19 PLACE OF BURIAL OR REMOV	AL DATE OF BURIAL
Smith Cheffell	Jan 28, 191 8
20 UNDERTAKER	ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1

REGISTRAR

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health

cated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necbeen changed or given up on account of the disease Servant, Cook, Housemaid, ctc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, For many occupatious a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," The (0)

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V. S. No. 1.

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WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very limitable to be a properly classified.
MAN	EXAC
PER	Exac
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HIS	shoul ly class
IK-T	AGE
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UND	carefu that
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WRIT	Every item of information should be carefully supplie CAUSE OF DEATH in plain terms, so that it may be moretant.
	USE
v. 8. No. 1.	B.—EV
>	z

County	Chaus	(92	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 100
Village or	CIL NAME Salli	M. Mals.	St.; Ward) [if death occur a hospital or Insti give Its NAME II of street and num
PI	ERSONAL AND STATISTICAL PART	TICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX Femal	4 COLOR OR RACE SINGLE, MARRIE WIDOWE ORDIVOL (Write	D, Mario	16 DATE OF DEATH (Month) (Day (You
DATE OF E	Morfense	wn 1	17 I HEREBY CERTIFY, That I attended deceased Securify Assuration 1 that I last saw h alive on 1
7 AGE	6 4 yrs	It LESS than a	and that death occurred on the date stated above, at
business, or	of work	fl ount.	Contributory Serverhay Jun Frey
	HPLACE FATHER tte or country) for hard	7 1	(Signed) G. O Moreva Jor 20, 191.0 (Address) Evacave June
12 MAIL OF	DEN NAME MOTHER MONG STOWN	Eins -	*State the DISEASE CAUSING DEATH, or, in deaths from VI CAUSES. state (1) MEANS OF INJURY; and (2) whether ACTAL, SUICIDAL, Or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSOR RECENT RESIDENTS)
OFA	HPLACE MOTHER Lite or country) Lo Racel VE IS TRUE TO THE BEST OF MY	County	At place of death yrs. mos. ds. State yrs. mos. Where was disease contracted,
(Intormant)	Henry Helson	7	It not at place of death? Former or usual residence PPLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16	1 Marsh Of	· Olican	Pollers Cluelery 12 Address

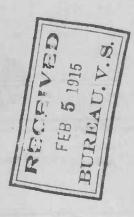


[Approved by U. S. Censns and American Public Health Association.]

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7. B. No. 1.

A PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

Village or City Valdorf (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fuale While Single, MARRIED, MIDOWED, ORDIVERCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH (Month) (Day) (Year)	
7 AGE It LESS than 1 day,	and that death occurred on the date stated above, at 8 m. The CAUSE OF DEATH* was as follows:
B OCCUPATION (a) Frade, protession, or particular kind of work. (b) Geograf nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos. ds. Contributory Would Say Primature birth (Secondary)
10 NAME OF FATHER TOWNLEY PICKERALL 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF OF MOTHER OTHER OF MOTHER OF MOTHER OTHER	(Signed) (Rossas Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidentals.
of Mother Maggir Tickerall 13 BIRTHPLACE OF MOTHER (State or country) Chas Co. Ind 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Townley Pickerall	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, It out at place of death? Former or usual residence.
(Address) Berry Find 5 Filed 17" ,1915 D. Moltallarson & REGISTRAR &	Date of Burial OR BEMOVAL DATE OF BURIAL Date of Burial 20 UNDERTAKER 20 UNDERTAKER DATE OF BURIAL ADDRESS MADDRESS MADDRESS MADDRESS MADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REVISED JUNITED STATES STANDARD CERTIFICATE OF DEATH

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(a) Spinner, (b) Cotton mill; (a) Salesman, (b) who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not fication, as Day laborer, Farm laborer, Laborer statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or indust;; and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question mine, etc. essary to know (a) the kind of work and also (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, periionaeum, etc.. Carcin-

ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably childbirth or miscarriage, as "PUERPERAL septichacture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJUBY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," by carbolic acid-probably suicide. The nature of the mia," "Puerperal peritonitis," etc. State cause for "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malkoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Candeath), 29 For vio-



V. S. No. 1.

PHYSICIANS should state RECORD N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement important. See instructions on back of certificate. A PERMANENT UNFADING INK-THIS IS WRITE PLAINLY, WITH

551 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 106

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	2.
St: Ward)	[if death occurre
COLUMN STATES	a . hamila t au taubibu

ed la a hospital or institution. give its NAME instead

FULL NAME That Queen	Z
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male Colorial Single, married or bloomed or	16 DATE OF DEATH (Month) (Day (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day (Year)	that I last saw h alive on 191
7 AGE If LESS than 1 day,hrs. ormin.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in	200 J. Dog to all full and the form
which employed (or employer)	(Duration) yrs. mos. ds.
State or country) Char. Co. Ind.	Secondary
10 NAME OF John Zonem	(Signed) J. P. Marshall S. Bu. 8.
11 BIRTHPLACE OF FATHER (State or country) Chas, Cov. Ind	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
12 MAIDEN NAME OF MOTHER Roseles Swann	CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-
13 BIRTHPLACE OF MOTHER (State or country) 711 13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) Qlea Idenny	Former or usual residence
(Address) Pornonkly 4nd-	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL ST. Chase Commercial James 3, 1918
Filed Jan 12 1914 John P. marshall	20 UNDERTAKER ADDRESS
Sevent REGISTRAR	trar, 6 E. Fraklin St., Balto., Requesting V. S. No. 1.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations galufully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. it should be used only when ueeded. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each aud every person, irrespective of age ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestic service for wages, as who receive a definite salary), may be entered as mine, etc. material worked ou may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never rcturn "Laborer," "Foreman," Farmer (retired 6 yrs.) For persous As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

"Heart failurc," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakuess," ample: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds., Never report nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canchildblrth or miscarrlage as "Puerperal septichaccause. Aiways qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Contheuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis ture of the American Medical Association.) cause of death approved by Committee on Nomencla. sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vio-The contributory (secondary or intercurrent) "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of etc. State cause for



1 PLACE OF DEATH

state very

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

Ward)

I'lf death occurred in a hospifal or Institution, give Its NAME Instead of street and number.]

AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED,	The state of the s
Culined ORDIVORCED (Write the word)	(Month) (Day (Year)
7 /	Jan 9th, 1915, to Jan 9th, 1915,
	that I last saw h & alive on 9 74, 1915
If LES 1 day	The CAUSE OF DEATH* was as follows:
2	Brouksprewmia Extravel
stry,	
(OT)	(Ouration) yrs. mas. Zas.
Charles les , Ind	Contributory Secondary (Duration) yrs mos ds
James Shor.	The state of the s
intry) Charles les, mi	(AUUIGSS)
Henrietta Day	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
intry) Charles lev. ma	At place in the
UE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
am Ohort	if not at place of death? Former or usual residence
pring Hill med	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
. 1915 Kathryn & C	20 ONDERTAKER ADDRESS ADDRESS
Total REGISTR	The state of the state of the
If more blanks are needed, address State	Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

mine, etc. should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcine

cause of death approved by Committee on Nomenclainjury, as fracture of skull, aud consequences (e. g., scpsis, tctanus) may be stated under the head of such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "l'uerreral peritonitis," etc. State cause for ctc., when a definite discase can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; valvular heart discase; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal soptichac-"Heart failure," "Haemorrhage," "Inanition," "Maras. "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. The contributory Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (secondary or intercurrent) "Exhaustion,"



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

Village or City MAL COMPONY 2FULL NAME / ate Sur	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [if death occurred in a hospital or institution, give its MAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Solored Single, MARRIED, WIDOWED. ORDIVORCED (Write the word) 6 DATE OF BIRTH 18 90	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from 1914, to 1914,
7 AGE (Month) (Day (Year) 1 LESS than 1 day,hrs. 0Rmin.?	and that death occurred on the date stated above, at 7.30 Am, The CAUSE OF DEATH* was as follows:
SOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) / yrs mos ds. Contributory Secondary
10 NAME OF FATHER Smills 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF OF MOTHER OF MOTHER OF MOTHER	(Signed) (Boration) yrs mos ds. (Signed) CAUSES, State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONA, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
16 Filed Jan 3, 1913 - Patteryn J. Cox	20 UNDERTAKER ADDRESS ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Barto., Requesting V. S. No. 1.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons "Laborer," "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. etc., when a definite disease can be ascertained as the geuital," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report cer" is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Mcasles (disease causing death), 29 ds.; "Seuile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," For vio-



tated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very AGE should be stated EXACTLY. -Every Item of information should be carefully supplied. AGE should be st CAUSE OF DEATH in plain terms, so that it may be properly classified. Important. See instructions on back of certificate.

RECORD

PERMANENT

County-

WRITE PLAINLY, WITH UNFADING INK-THIS IS V. S. No. 1.

LACE OF DEATH	- of sin
chory	19



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Village or City Dender (No	St.;—Ward) [if death occurred is a hospital or institution, give its NAME fostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male White (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended decessed from
7 AGE AGE Grant Grant	that I last ssw h alive on the date stated above, at 2 Pm. The CAUSE OF DEATH* was as follows:
OCCUPATION (e) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	Conformation of the state of th
9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 20 OF MOTHER	Contributory Secondary (Doralion) yrs mos ds. (Signed) At a b b b b b b b b b b b b b b b b b b
13 BIRTHPLACE OF MOTHER (State or country) Calina (oc	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place lo the of deathyrs,mos,ds Where was disease contracted,
(Informant) Walter & Amulti (Address) Benedict Ald Filed 191	If not at place of death? Former or Busia residence 19 PLACE OF BURIAL OR REMOVAL ALL Charles Church Jam 13 1915. 20 UNDERTAKER? ADDRESS
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal the nature of the business or industry, and therefore an who have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupatious a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculessis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis. aant neoplasms); Mcasles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicidc. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal schichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report



RECORD PERMANENT EXACTLY. stated 4 pe pinous UNFADING INK-THIS AGE supplied. WITH pe should PLAINLY, of Information WRITE

555 PLACE OF DEATH YSICIANS should state OCCUPATION Is very PHYSICIANS Village or Gity St.;....Ward) * FULL NAME of PERSONAL AND STATISTICAL PARTICULARS Exact statement 4 COLOR OR RACE MARRIED WIDDWED (Write the word 8 DATE OF BIRTH classified. (Month) (Day) (Year) 7 AGE if LESS than 1 day, O.hrs. OR. C.min. ? mos. properly BOCCUPATION (a) Trada, protession, or particular kind of work... carefully supplied.
o that it may be post certificate. (b) Genaral nature of industry, business, or establishment in which employed (or employer) State or country 10 NAME OF FATHER 80 Ö n terms, on back 11 BIRTHPLACE ENT OF FATHER (State or country) AR 12 MAIDEN NAME ATH in plain Instructions o OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) DEATH See Every item CAUSE OF (Informant) mportant. (Address) 20 UNDERTAKER (acheng 1-11-0 REGISTRAR z If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 103

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a ho	spita	i or	Ins	tituti	on,
give					
ef si	reel	and	OUE	nber.]

Breshell		of street and number.]
MEDICAL CERTIF	ICATE OF DE	ATH
16 DATE OF DEATH	w,	8 1915
	(Month)	(Day) (Year)
17 I HEREBY CERTI	FY, That I atte	nded deceased from
, 191 to		
that I last saw h allve on		, 191
and that death occurred on the de	ate stated abov	e, at m.
The CAUSE OF DEATH * was as		,
11:	0	
THUE - A	000	
**************************************	modles)	
(Do	ration)yrs	mos. — ds.
(Secondary)	memeessa a a a a a a a a a a a a a a a a a	
(Di	ration)yrs	sds.
(Signed)	men	One/ M.D.
, 1915. (Address)	Mecos	book, The
*State the DISEASE CAUSING D CAUSES, state (1) MEANS OF IN. TAL, SUICIDAL, OF HOMICIDAL.		
16 LENGTH OF RESIDENCE (FOR H		
At placa	In the	
ot death yrs mos ds.		s ds.
Where was diseese contracted, It not at place of death?		4e
Former or usual residenca.	heree	# 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
19 PLACE OF GURIAL OR REMOV	AL DAT	E OF BURIAL
UNROM!		191.5

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The essary to know (a) the kind of work and also (b) who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative lealthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," The question "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar meumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for cbildbirth or miscarriage, as "Tuerperal septicharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma. Surcoma. etc., of ______ (name origin; "Can ver" is less definite; avoid use of "Tumor" for malig cause of death approved by Committee on Nomencia. sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary). 10 ds. ample: Measles (disease causing death), 29 nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) "Contributory." The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report Examples: For viod.8.



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Jan	Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should sta CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is ve Important. See instructions on back of certificate.	
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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 1001 Ilf death occurred in Ward) a hospital or institution. give its NAME instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. WICOWEO. ORGIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH Month) (Dav (Year) TAGE If LESS than and that death occurred on the date stated above, a 1 day hrs. The CAUSE OF DEATH * was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory. Secondary 10 NAME OF FATHER ARENTS 11 BIRTHPLACE ... 1910 (Address) OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in doaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death _____ yrs. ____ mos. __ State _____ yrs. ____ mos. 14 THE ABOVE Where was disease contracted. if not at place of death? Former or usual residence. LACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care Physician, Compositor, Architect, Locomotive engineer, cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," ctc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthfulwho have no occupation whatever, write None. (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Mcastes (disease causing death), 29 ds.; "Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. ture of the American Medical Association.) dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) (Recommendations on statement of



	PLACE OF DEATH	STATE OF MARYLAND
C	ounty Chorles	CERTIFICATE OF DEATH
G	ounty	Registered No. 18
V	Ol .	St; Ward) [If death occurred in a hospifal or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 81	Male white 6 single, manify wipowed, orbitaled (Write the word)	16 DATE OF DEATH Jany 5 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 p	ATE OF BIRTH	oct - 1914, to Jany 1 - 191/1.
	april 7 185.8	
	(Month) (Day) (Year)	that I last saw h Land alive on June 5 , 191
TAG	GE If LESS fhan 1 day, hrs.	and that death occurred on the date atsted shove, at
	5-6 yrs. 9 mos. ds. OR min.?	The CAUSE OF DEATH* was as follows:
(0)	CCUPATION) Trade, profession, or ricular kind of work.	Cauca of Stomach
(d)	Deneral nature of Industry.	
bus	iness, or establishment in Manager town	(Durafion) yrs. — mos. — ds.
	IRTHPLACE (tate or country) Lohn, Loo ned	(Secondary)
	10 NAME OF Haml J. Liveum	(Signed) Ste le hopp clu M. D.
NTS	11 BIRTHPLACE OF FATHER (State or country) Left les Trud	*State the DISEASE CAUSING DEATH, OF, In deaths from VIOLENT
ARENTS	12 MAIDEN NAME SANNA AN GREEMAN	TAL, SUICIDAL, or HOMICIDAL.
Δ.	13 BIRTHPLACE OF MOTHER (State or country) Mossles Co. S. M. d.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
14 _T	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease confracted, If not at place of death?
	(informant) J. D. Lwum	Former or usual residence
	(Address) Duliois 2nd	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 Fil	led Jun 4.191 5 9 Hehappules	20 UNDERTAKED LOURCH ADDRESS ADDRESS AUCHAS DA
	If more blanks are needed, address State Registrar, 6 E	G. Franklin St., Balto., Requesting V. S. No. 1.
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[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not pald Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, Irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second it should be used only when needed. Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: For persons (0)

Statement of cause of death—Name, first, the disease causing death—In with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym. is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinological control of the same death.

ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." childbirth or miscarriage, as "Puerperal scptichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," affection need not be stated unless important. scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acctsuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and quality as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. "Heart failure," "Haemorrhage," "Inanitlon," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronio interstitial nephritis oma. Sarcoma. etc., of by carbolle acid-probably suicide. The nature of the mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. mant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name orlgin; "Can-State cause for Never report Examples:



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of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state and part in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. A PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS Every Item of Information should be CAUSE OF DEATH in plain terms, s Important.

PLACE OF DEATH

558

STATE OF MARYLAND CERTIFICATE OF DEATH

		Registration Dist, No. 10/
Vil	lage or City Liegals (No. , -	St.; Ward) St.; St.; Ward) St.; St.; St.; St.; St.; St.; St.; St.;
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	4 COLOR OR RACE SINGLE, MARRIED, WIOWED ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 D	ATE OF BIRTH	
	(Month) (Day (Year)	that I last saw h alive on, 191, 191
TA	GE If LESS than	and that death occurred on the date stated above, atm,
	1 day,hrs.	The CAUSE OF DEATH* was as follows:
	yrs mes ds. OR min. ?	Sill Born
Z pa (b) bus	CCUPATION) Trade, profession, or ricular kind of work	(Duration) yrs mos ds.
	(State or country) Scharles lo Med	Gontributory Secondary
	10 NAME OF William & Tacker	(Signed) I a fruithistand, M. D.
ENTS	11 BIRTHPLACE OF FATHER (State or country) Charles les pud	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental Causes, or However, or Howe
PAR	12 MAIDEN NAME OF MOTHER RASE Brown	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS TRANSPORTE
	13 BIRTHPLACE OF MOTHER (State or country) lefspler los md	At place in the of death yrs mos ds. State yrs mos ds
14 7	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
	(Informant) William & Taylor	If not at place of death? Former or usual residence.
15	(Address) Les gah med	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
FII		20 UNDERTAKER ADDRESS
	AND REGISTRAR	10 A-Corpens Peggle his
	II more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1,



[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, (b) If the occupation has As examples: "Foreman,"

CAUSING DEATH (the primary affection with respect to icsis of lungs, meninges, peritonaeum, etc., Carcinpneumonia"); Lobar pneumonia; Bronchopneumonia brospinal meningitis"); Diphtheria (avoid use of term for the same disease. Examples: Cerebrospinal time and causation), using always the same accepted fever (the only definite synonym is "Epidemic cere-("Pneumonia," unqualified, is indefinite): Tubercu-Statement of cause of death-Name, first, the DISEASE Typhoid fever (never report "Typhoid

> umple: Meastes (disease causing death), 29 de.; nant neoplasms); Meastes; Whooping cough; Chronic LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerreral peritonitis," etc. State cause for childbirth or miscarriage as "Puerpenal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, ctc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. ture of the American Medical Association.) cause of death approved by Committee on Nomcnclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned "Contributory." Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of For vio-

cnce. All the data is essential and must be obtained before tions answered in detail, it will prevent further correspondthe certificate is permanently filed. If this certificate is looked over thoroughly and all ques-



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RECORD PERMANENT UNFADING INK-THIS IS WRITE PLAINLY, WITH DEATH in plain terms,

supplied. AGE should be stated EXACTLY. PHYSICIANS should state may be properly classifled. Exact statement of OCCUPATION is very CAUSE OF DEATH in plain terms, so that it mailmortant. See instructions on back of certificate. Every Item of Information should be CAUSE OF DEATH in plain terms, a

559 1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;.....Ward)

Ilf death occurred in a hospital or institution. give Its NAME instead

FULL NAME Carish 1/10	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male Color or RACE Single, MARRIED, Sight Wester Consumert (Write the word)	16 DATE OF DEATH / / , 1915
7 AGE (Write the Wold) 7 AGE (Wonth) (Day (Year) 1 (LESS than 1 day,hrs. 1	that I last saw h alive on the date stated above, at 420 a, m, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or amployer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER PLACE 11 BIRTHPLACE	(Duration) yrs mos ds. Contributory from the field secondary (Doration) yrs mos ds. (Signed) J. Hydran M. D.
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE 1-1 RUE TO THE BEST OF MY KNOWLEDGE (Informan)	*State the DISEASE CAUSING DEATH, of in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs, mos. ds Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Hun 2 1900 N. Mull	20 UNDERTAKER CADDRESS

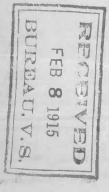
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

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Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meningcs, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic "Contributory." mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasvalvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viogenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Auacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origiu; "Canture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably Bronchopncumonia (secondary), 10 ds. The contributory (secondary or intercurrent) "Old Age," "Shock," "Uracmia," "Weakness," Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," State cause for Never report



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stated EXACTLY. that it may be properly classified. should be AGE carefully supplied. See instructions on back of certificate.

tated EXACTLY. PHYSICIAMS should state Exact statement of OCCUPATION is very RECORD PERMANENT UNFADING INK-THIS IS WRITE PLAINLY, WITH Every item of information should be CAUSE OF DEATH in plain terms, s Important.

560 1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No

......Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL	AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4	COLOR OR RACE SINGLE, MARRY D, WHOWED, ORDIVORCES (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY GERTIFY, That I attended deceased from
S DATE OF BIRTH	fleese 12 , Mo (Month) (Day) (Yes	Brug 1911, 10 pecy 19 191 J.
7 AGE	grs 6 mos. 19 ds QR mi	The CALISE OF DEATH was as tollows:
e occupation (a) Trade, protession, or particular kind of work (b) General nature of Ind business, or establishme which employed (or employed		(Ouration) yrs. mos. 3 ds.
9 BIRTHPLACE (State or country)	ena,	Contributory (Secondary) (Duration) yrs mos ds.
OF FATHER OF FATHER (State or count U) 12 MAIDEN NAI	try) Ned	(Signed)
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or count	Mong Varmes	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place B the B
0	LO. Palvon	Where was disease contracted, If not at place of death? Former er Usual residence
(Address)	Parjantom, md.	10 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL ST Mongo Cheerch Grang 3 , 1915 20 UNDERTAKER ADDRESS Porparlow Mo

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first iine will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not mine, etc. fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. materiai worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.). been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. who receive a definite salary), may be entered as who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Lahorer," "Foreman." If the occupation has As examples For persons

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cere-brospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaceause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maraygenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Meastes (disease causing affection need not be stated unless important. etc. The contributory (secondary or intercurrent) valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For viois less definite; avoid use of "Tumor" for malig-(Recommendations on statement of (name origin; "Candeath), 29 ds.; Never report



MARGIN RESERVED FOR BINDING

8. No. 1.

Filed 1/28 - , 1915 Charles

Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in pisin terms, so that it may be properly classified. Exact statement of OCCUPATION is very importent. See instructions on back of certificate. RECORD PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS A N. B.-Every item of information should be CAUSE OF DEATH in pisin terms, s

Village or City Bre cerm (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SEINGLE, MARRIED, WIDOWED, ORDIVORCED ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year) 7 AGE Count If LESS than 1 day,hrs. 8 yrs. mes. ds. ormin.? **OCCUPATION** (a) Trade, prefession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (er employer)	that I last saw has allve on 2.5, 191.6. and that death occurred on the date stated above, at 5. m, The CAUSE OF DEATH* was as follows: (Duration) yrs. mos. 13. ds.
9 BIRTHPLACE (State or country) 10 NAME OF FATHER John T. Jumer 11 BIRTHPLACE OF FATHER (State or country) L 2 MAIDEN NAME 12 MAIDEN NAME	(Signed) (Signe
OF MOTHER Rashel and E. 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informani) (Address) Bel alson	18 LENGTH OF RESIDENCE (FOR HOSPITALE, INSTITUTIONS, TRÂNSIENTS, OR RECENT RESIDENCE) At place In tha of death yrs. mos. ds. State yrs, mos. ds. Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

ADDRESS



[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomenciaby carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accivalvular heart disease; Chronic interstitial nephritis. oma. Sarcoma. etc., of The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Candeath), 29 State cause for "Exhaustion," Examples: For vio-



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DEATH

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UNFADING

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No... Ilt death occurred in Ward) a hospital or institution. give Its NAME Instead of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 16 DATE OF DEATH MARRIED, (WIDOWED, (Month) (Day ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from (Day (Month) (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 day hrs. OR min. ? BOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of Indostry. business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory. Secondary 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUCIDAL, Or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE Af place In the OF MOTHER (State or country) ot death _____ yrs. ___ mos. __ State Where was disease contracted If not at place of death?-Former or usual residence BURJAL OR DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," "Foreman," material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the (b) Cotton mill; (a) Salesman,

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ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of...... (name origin; "Canmia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asture of the American Medical Association.) cause of death approved by Committee on Nomcncla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopncumonia (secondary), 10 ds. The contributory (secondary or intercurrent) (Recommendations on statement of Never report For vio-



V. S. No. 1.

N. B.-

Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. RECORD PERMANENT 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS

county Charles Commbo Md	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 6
Prillage or City Whomas Levy	a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male account of the word of the word	(Month) (Day (Year)
B DATE OF BIRTH NOT known 1	that I last saw in them alive on January 10, 1915.
7 AGE (Month) (Day (Year) 1 LESS fhan 1 day,hrs. OR	and that death occurred on the date stated above at 2.450 m. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work ordinary irrobonuse.	(Meumonia f Brochopneamonia)
(b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF Lenge Thomas	(Signed) (Outration) yrs mos 4 ds.
11 BIRTHPLACE OF FATHER (State or country) MASSNOW (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER MANUAL MA	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
13 BIRTHPLACE OF MOTHER (State or country) While Norm.	At place in the of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) ALL DIMMAS	Where was disease contracted, If not at place of death? Former or osual residence
(Address) frankey, Md.	Pomorkey Cyr. Yana 12, 1916
Filed Jan 12, 1915 Jobs Drarshall REGISTRAR	J. EmyEnd adams Vallan Had
If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



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